

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 03226/493002; SUN040039
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> In re Application of Arvind Prabhakar et al. </div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div>Application Number 10/618,035-Conf. #4145</div> <div>Filed June 4, 2004</div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> For SYSTEM AND METHOD FOR TRANSLATING FULLY QUALIFIED DOMAIN NAME ACCESS IN A BROWSER ENVIRONMENT </div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px;"> <div>Art Unit 2456</div> <div>Examiner K. S. Mai</div> </div>		
<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ 540.00</span></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0591</u>.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p><b>WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.</b></p> <p>I am the</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> applicant /inventor.   <input type="checkbox"/> assignee of record of the entire interest.            See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)         </div> <div style="text-align: right;"> <u>/Robert P. Lord/</u>            Signature   <u>Robert P. Lord</u>            Typed or printed name         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input checked="" type="checkbox"/> attorney or agent of record.            Registration number <u>46,479</u> </div> <div style="text-align: right;"> <u>(713) 228-8600</u>            Telephone number         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.            Registration number if acting under 37 CFR 1.34. _____         </div> <div style="text-align: right;"> <u>September 23, 2009</u>            Date         </div> </div>		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>		
<p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>		